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APPLICANTS

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*mh 8-28***** CONTINUING DATA *******

This application is a 371 of PCT/DK04/00011 01/12/2004

*mh 8-28***** FOREIGN APPLICATIONS *******

DENMARK PA 2003 00018 01/10/2003

*mh 8-28***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/09/2006**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY DENMARK	<i>mh 8-28</i> SHEETS DRAWING 3	<i>mh 8-28</i> TOTAL CLAIMS 18	<i>mh 8-28</i> INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>mh</i>	Initials <i>mh</i>		

ADDRESS

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TITLE

Ostomy appliance

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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